



Pay It Forward Program APPLICATION FORM

To apply for 25% payment assistance through the Pay it Forward Program, please complete and submit this form. Your personal information will be redacted before a small sub-committee of members will view your application to determine eligibility. The Membership Secretary is the only person who will see your name and original application.

If you would like to discuss the Program, please email Hayley Webster at membership@phavic.org.au.

Member details

Your name	Your email	Your mobile no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for application

To help us understand your needs, please briefly state your current situation and/or that of your household.

By completing this form, I acknowledge I have read and understood the terms and conditions for this program.

Signature or typed name

Date

Please send the completed form to: membership@phavic.org.au .